



LAST NAME: _____

SESSION# _____

ADULT T-SHIRT SIZE: _____

**HAWAIIAN LIFEGUARD ASSOCIATION/CITY AND COUNTY OF HONOLULU
OCEAN SAFETY & LIFEGUARD SERVICES DIVISION
JUNIOR LIFEGUARD PROGRAM**

**WAIVER AND RELEASE STATEMENT
AUTHORIZATION OF CONSENT FOR TREATMENT OF MINOR**

NAME: _____ AGE _____ SEX _____
As of 6/01/2004

ADDRESS: _____

HOME PHONE #: _____ WORK: _____ OTHER: _____

NAME OF EMERGENCY CONTACT: _____

HOME PHONE#: _____ WORK: _____ OTHER: _____

DOCTORS NAME/ ADDRESS & PHONE NUMBER: _____

PLEASE STATE ANY MEDICAL PROBLEMS OR ALLERGIES: _____

I, the undersigned, parent or guardian of _____, a minor, do hereby authorize all representatives of the HAWAIIAN LIFEGUARD ASSOCIATION JUNIOR LIFEGUARD PROGRAM as agents for the undersigned, to consent to any x-ray examination, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under general or special supervision of any physician and surgeon licensed under the provision of the Medical Practice Act or the medical staff of any accredited hospital, whether such diagnosis or treatment of hospital care being required but is given to provided authority and power on the hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

It is understood that the effort shall be made to contact the undersigned prior to the rendering of treatment to the patient but that none of the above treatment shall be withheld if the undersigned cannot be reached.

This authorization shall remain effective until revoked in writing and deliverable to said agents.

I, hereby release the Hawaiian Lifeguard Association, the Ocean Safety and Lifeguard Services Division, the Emergency Services Department, and the City and County of Honolulu and each of its officers, agents, employees, and sponsors from any liability or injury to my child that might result from any accident during the participation and instructions of the summer Junior Lifeguard Program. I know that ocean swimming is a potentially hazardous activity. I am aware of and assume all risks associated with swimming in the ocean, including, but not limited to contact with other participants, the effects of weather, including surf and currents, and the conditions of the ocean.

IN CONSIDERATION of accepting this application, I for myself and anyone entitled to act on my behalf, waive, and release from any and all claims for injuries and damages I may have against the class instructors, the City and County of Honolulu, the sponsors, their agents and representatives arising out of my minors participation of this event. I have read the particulars on the program application and understand that this program is physically demanding. I GIVE PERMISSION for free use of my name, voice or picture in broadcast, telecast, advertising promotion and other accounts of this program.

PARENT/ GUARDIAN (Print) _____

PARENT/ GUARDIAN (Signature) _____

DATE _____